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MINIMA	, YA 22314					(Deposhor's name	
			<u></u>			(Signature	
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APPLICATION NO.	FILING DAT	3	FIRST NAMED INVENTOR] ^	TTORNEY DOCKET NO.	CONFIRMATION NO.	
10/576,127	04/14/2006		Tsukasa Yoneyama	**************************************	8089-1001	5641	
TITLE OF INVENTION SAME	f: NRD GUIDE TRAN	SCEIVER, DOWNLOAD	SYSTEM USING THE S.	AME, AND DOWNI	LOAD MEMORY USED	FOR THE	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	TEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/06/2009	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
DAGLAWI, AMAR A		2618	455-073000	•			
CFR 1.363). Change of corresp Address form PTO/SI	ondence address (or Ch 3/122) attached. ication (or "Fee Addres 2. or more recent) attac	on of "Fee Address" (37 ange of Correspondence s" Indication form hed. Use of a Customer	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Unl recordation as set forti (A) NAME OF ASSIC INTELLIGENT	ess an assignee is iden n in 37 CFR 3.11. Com GNEE COSMOS RES	tified below, no assignee pletion of this form is NO	THE PATENT (print or type data will appear on the part a substitute for filing an art (B) RESIDENCE; (CITY FUTE)	tent. If an assignee ssignment, and STATE OR COL SENDAI -	UNTRY) SHI, JAPAN		
a, The following fee(s) a Substitute Substi		4t permitted)	D. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 250420 (enclose an extra copy of this form).				
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
iterest as shown by the re	ecords of the United Sta	tered) will not be accepted	Office.	e applicant; a register	red attorney or agent; or the	e assignee or other party is	
Authorized Signature	Benock	Castel		Date Septe	mber 22, 200)9	
Typed or printed name	Benoit Ca	stel	Registration No. 35,041				
ubmitting the completed als form and/or suggestic tox 1450, Alexandria, Vi dexandria, Virginia 2231	application form to the one for reducing this burginia 22313-1450. DC 3-1450.	e USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR (n is required to obtain or re 1.14. This collection is esti depending upon the indivi c Chief Information Officer COMPLETED FORMS TO pond to a collection of info	mated to take 12 min dual case. Any comm , U.S. Patent and Tra THIS ADDRESS. SI	utes to complete, including nents on the amount of time demark Office, U.S. Depa END TO: Commissioner for the control of the c	g gathering, preparing, and ie you require to complete riment of Commerce, P.O. for Patents, P.O. Box 1450	
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